

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	th	71554	7-27-99
O.I.P.E. CLASSIFIER		8	7-29-99
FORMALITY REVIEW		61001	8/10

INDEX OF CLAIMS

✓ Rejected
 □ Allowed
 (Through numeral)..... Canceled
 + Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

Best Available Copy

Claim	Date
Final	
Original	
1	7/27/99
2	7/27/99
3	7/27/99
4	7/27/99
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49	7/27/99
50	7/27/99

Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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